

Barbara Lee Senior Center Nutrition Transportation Program

The City of Milpitas provides transportation for the Santa Clara County Senior Nutrition Program held at the Milpitas Senior Center located at 540 S. Abel Street. Participants must meet the eligibility guidelines of the Santa Clara County Senior Nutrition Program and be qualified for Outreach Transit Services. By meeting Outreach guidelines we are assured that the client has a physical need as determined by a physician and qualify for transportation assistance by the City of Milpitas.

Persons interested in the City of Milpitas' transportation program will be required to fill out a "Rider Information Card" and be given a copy of the rider guidelines prior to beginning the service. Once completed the City of Milpitas Senior Center Staff will notify you as to when service may begin. Requests for transportation can be mailed or brought to the Milpitas Senior Center at 540 S. Abel Street, Milpitas, CA, 95035.

Transportation Guidelines

The following guidelines have been developed for clients utilizing the City of Milpitas' transportation program.

1. Senior's must be a resident of or living with a Milpitas resident.
2. All clients must have a lunch reservation. Without a reservation you will not be picked up until the next service day.
3. Clients will be picked up and dropped off at their residence only.
4. Each client must be able to lock and unlock the door of his or her residence. If they cannot, a caregiver must be in attendance to perform this task.
5. Once at the Senior Center each client must be able to attend to his or her own personal needs such as using the restroom. If they cannot, a caregiver must accompany them to help perform any tasks in which help is needed.
6. Clients are given an approximate time of pick up and returns depending on the daily route and number of riders.
7. Each client or caregiver is asked to call the Milpitas Senior Center office at 586-2775 to cancel a ride if it is not needed. A voice mail system is in place to take calls 24 hours a day. Persons who fail to show when the driver arrives are subject to being eliminated from our ride schedule. If you are ill or on vacation, let us know and we will put your name on hold until you return.

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8. All riders are asked to provide medical information and two emergency contact persons that may be reached during the day. A rider registration card will be provided for the family or caregiver to complete. Cards & information will be kept confidential and used only in case of emergency. Information will be updated annually.
9. Senior Center Staff will contact the family or caregiver if we notice a change in a client's behavior or personal hygiene. Our on site Social Worker, Lechi Nguyen, is available to assist the family member with referrals for assistance in the care of seniors.
10. Clients who may become verbally or physically abusive to the driver or other passengers will be removed from the ride program immediately.
11. While our bus is equipped to transport wheelchairs and walkers we have limited seating and may need to adjust the ride schedules including alternating days of service to accommodate all clients.
12. Caregivers assisting a qualified senior may ride with the senior and attend the lunch program. The caregiver must also fill out a "Rider Information Card".

Van Rider Information

Name _____ Language Spoken _____

Address _____ City _____

Home Phone _____ Date of Birth _____

Medical Plan _____ Plan/ Member Number _____

Doctors Name _____ Doctor Location _____

EMERGENCY CONTACT INFORMATION

1. Name of Person to Contact _____

Language Spoken by Contact Person _____

Relationship to Client (circle one) **spouse son daughter friend caregiver**

Work Phone _____ Home Phone _____

Cell Phone _____ Email _____

MEDICAL INFORMATION & HISTORY

Current Medications _____

Check () all that apply:

() Diabetes () High Blood Pressure () Heart Condition

() Seizures () Epilepsy () Drug Allergies* () Food Allergies *

() Difficulty Hearing () Visually Impaired () Walker/Wheelchair

*Please List _____